CALIFORNIA CHILDREN & FAMILIES COMMISSION

April 18th, 2002
Sacramento City Hall
City Chambers, 2nd Floor
Sacramento, CA 95814

Agenda Item 1 -- Call to Order

The meeting was called to order by Chair Reiner at 9:15 a.m.

The Chairman announced that the review process for proposals submitted in response to Request for Proposals (RFP) CCFC #6866, "Technical Assistance To County Commissions" was still in progress. Therefore, Item #8 on the Commission meeting agenda, "Funding Approval for Technical Assistance Contract" would not be taken up at this meeting.

Agenda Item 2 -- Roll Call

Present were Commissioners Kim Belshé, Louis Vismara, Sandra Gutierrez, Theresa Garcia, Karen Hill-Scott, Glen Rosselli and Chairman Reiner.

Agenda Item 3 -- Approval of Minutes, February 14-15, 2002 State Commission Meeting

Action by Commission: Chairman Reiner moved, seconded by Commissioner Vismara to approve the February 14-15th, 2002 minutes. The motion passed unanimously.

Agenda Item 4 – Chairman's Report

- Chairman Reiner reported that the conference recently held in San Diego was a tremendous success. Chairman Reiner spoke briefly on the various aspects of the conference.
- The Commission's media campaign received several awards.
- Chairman Reiner reported that President Bush announced the proposal of an Early Childhood Initiative.
- San Jose Mercury News published a very positive editorial on the Santa Clara County School Readiness Initiative.
- Sandra Gutierrez has been reappointed to the Commission for another 4 years.

Approved: May 16, 2002

Agenda Item 5 – Executive Director's Report

- Jane Henderson updated the Commission on the work surrounding the 5 focus areas identified in the recent retreat. A working timeline was presented to the Commission in the form of a handout.
- Commissioner Vismara asked if the timelines were flexible. Jane Henderson informed the Commission that the timeline is very flexible. Commissioner Vismara suggested developing a mechanism by which members of the public could provide input into the organizational structure of these projects.
- Jane Henderson informed the Commission that an update on the statewide Data Collection and Evaluation Project has been postponed due to time constraints imposed by a full meeting agenda.
- There are now 41 school readiness programs statewide. The updated RFF is on the website. The next round of applications is due May 15th. UCLA is doing interim technical assistance for school readiness.
- A fiscal memo for county commissions regarding the use of State Commission funds for fixed assets, e.g., facilities, has been sent.
- CCFC established a School Readiness Partnership Office in the Program Management Division.
- Jane Henderson informed the Commission of the occurrence of a number of recent legislative activities, including ongoing discussions regarding the Governor's proposal for childcare restructuring. The May revision to the proposed budget will include significant changes.
- Chairman Reiner was honored by UC Berkeley's School of Public Health and identified as a public health hero.
- Jane Henderson introduced Jeanne Taylor who will be working in the government relations office.

Agenda Item 6 – California Children and Families Association Report

Brenda Blasingame presented this agenda item. Ms. Blasingame outlined the items discussed at the recent CCAFA meeting. An outline follows:

- AmeriCorps project discussion
  - 15 counties in the project
    - School readiness focus
    - Training
    - All counties to be involved eventually
- Workgroups
  - Focus areas
    - Time schedule
    - School Readiness
      - 3 main areas

- Initial steps in the development of programs
- Identifying existing and new partnerships
- How to engage families and diverse communities

Ms. Blasingame thanked the State Commission for its work on the Small County Funding project. The small counties are completely in support of the staff recommendation being presented in today's agenda.

Ms. Blasingame introduced Sherry Novick as the new Executive Director of the Association.

Agenda Item 7 – Mental Health Policy Panel

Barbara Marquez introduced the following panelists:

Gil Chavez, M.D., State Maternal and Child Health (MCH) Director, Department of Health Services who will discuss MCH mental health programs.

Robert Hendren, D.O., MIND Institute, UC Davis, Department of Psychiatry who will discuss the neuroscience as it relates to brain development and mental illness.

Lynne Huffman, M.D., Stanford University School of Medicine, Department of Pediatrics and the Children's Health Council who is author of "Risk Factors for Academic and Behavioral Problems at the Beginning of School."

Penny Knapp, M.D**.,** Project Director, Infant, Preschool and Family Mental Health Initiative. Dr. Knapp is also the Medical Director of the California Department of Mental Health.

Stephen Mayberg, Ph.D., Director, Department of Mental Health who will discuss DMH the gaps in early childhood mental health programs and services in California.

Sherrie Segovia, MA, Social Services Coordinator, The Hope Street Family Center, California Hospital Medical Center, Los Angeles who will discuss direct service delivery approaches.

Patricia Van Horn, Ph.D., Child Trauma Project, UCSF, who will discuss attachment/bonding issues.

An outline of each of the panelists presentations follows:

Stephen Mayberg, Ph.D., Director, California Department of Health Services

Dr. Mayberg reflected on the current system of mental health care for young children and shared his perspectives on the strengths, gaps and possibilities. He indicated that the current Public Mental Health programs function primarily as a safety network for the severely emotional disturbed children. Dr. Mayberg recommended that CCFC focus its work on programs and services (e.g., prevention) that move further up stream to make a difference in the mental health and well being of young children and their families.

Robert Hendren, D.O., MIND Institute, UC Davis, Department of Psychiatry

Vision Statement

"The M.I.N.D. Institute is a collaborative international research center committed to the awareness, understanding, prevention, care and cure of neurodevelopmental disorders."

Mission Statement

"To find effective treatments and ultimately a cure for autism and other neurodevelopmental disorders."

Neurodevelopmental Theory

- Brain development is a continuous process
- Pre-existing developmental brain abnormalities interact with later genetically environmentally mediated processes resulting in psychiatric disorder.
- The disorder resulting from a neurodevelopmental brain abnormality is related to the timing, severity and location of the initial abnormality.

Limbic System

- Cerebellum - interval timing
- Amygdala - emotional memory
- Basal Ganglia - relay station
- Prefrontal Cortex - executive function

Developmental Processes

Synaptogenesis
Pruning
Myelination

Synaptogenesis/Pruning

Grey matter peaks:

Frontal Lobe 12.1 yrs. males/11 yrs. Females
Temporal Lobe 16.5 yrs. Males/16.7 yrs. Females
Parietal/Occipital Linear increase in adolescence

(Giedd, 1999)

Neurodevelopment and Clinical Practice

- Developmental etiology of normal and pathological function
- Growth follows certain lines but is malleable
- While brain growth is guided by genetics, it takes place in an environmental container
- Few connections between neurodevelopmental theory and clinical practice
- Dimensional as opposed to categorical
- Role of new technology

Potential Benefits of Neuroimaging in Youth Psychiatric Disorders

- Improved early, diagnosis
- Early intervention may improve prognosis
- Improved treatment matching
- Knowing the neurodevelopmental deficit can lead to prevention and repair of deficits
- Identify biomarkers

Decreased thalamic volume in pediatric OCD after *Paroxetine* treatment

- 10 children (8-17 years) with OCD - psychotropic naïve
- Increased thalamic MRI volumes pre-treatment
- 12 weeks *paroxetine* treatment
- Thalamic volumes decrease to normal
- Due to improvement or to *paroxetine* ?

Gilbert et al., 2000

Neurotropic Effects of Mood Stabilizers

- *Lithium* is neuroprotective and enhances hippocampal neurogenesis (Manji et al., 2000)
- *Valproate* promotes neurite outgrowth
- *Lithium* treatment of bipolar patients associated with gray matter increases after 4 weeks (Moore et al., 2000)

SSRI's and Brain Growth

- Long term SSRI administration raised intrasynaptic serotonin in the cortex of animals (Bel & Artigas, 1993)
- SSRI administration increases number of serotonin receptors in rat pups (Wegerer, 1999)
- 6 weeks of *paroxetine* treatment increases 5-HT agonism on 5-HT 2A receptors in the cortex of young patients with depression (Meyer et al., 2001)

M.I.N.D. Institute Research Program Goals

Defining the phenotypes
Understanding the causes
Creating and optimizing treatments
Working towards prevention

Patricia Van Horn, Ph.D., Child Trauma Project, UCSF

- Infant Mental Health
  - Cannot be analyzed in isolation
  - Exists within relationships with primary caregivers
  - Continual interaction between the baby and the care giving environment

- Attachment
  - A particular affectional bond
  - Related to protection from threat
  - Develops across the life span:
    - Proximity seeking
    - Secure base behavior
    - Goal corrected partnership
    - Caregiving system

- Attachment and Physiological Regulation
  - Attachment behaviors
  - Stimulate natural opiate networks in the baby's brain

- Create a sense of well-being in the presence of the caregiver

- Attachment and Physiological Regulation
  - Care giving behaviors help to regulate:
  - Immune system
  - Blood pressure
  - Body temperature
  - Appetite
  - Sleep
  - Cardiovascular functioning

- Quality of Attachment Relationships
  - Develops over time
  - Depends on the caregiver's capacity for empathic, contingent, consistent care of the baby
  - Predictive of child's future functioning
  - To provide care for the baby, we must care for the parents

- Threats to Secure Attachments
  - Domestic violence
  - Confusion of love and fear
  - Traumatized parents are unavailable
  - Substance abuse
  - Parent's mental illness

- Funding Priorities
  - Programs that focus on the infant-caregiver relationship
  - Programs that provide adequate reflective supervision to service providers
  - Programs that go to families where they are
  - Programs that integrate levels of care, depending on family's need
  - Programs that are culturally and linguistically competent

- Promising Programs
  - Child-parent psychotherapy
  - Relationship based
  - Home visit
  - Bilingual
  - Evaluated
  - Creative partnerships
  - Domestic violence shelters
  - Courts
  - Pediatricians

Lynne Huffman, M.D., Stanford University School of Medicine, Department of Pediatrics

School entry: What happens when a child is not ready?

- Children who do not manage the transition into elementary school smoothly have more problems:
  - Labeled as delayed learners
  - School tracking programs (e.g., within class ability grouping, retention in grade, or special education)
  - Decreased likelihood of positive social exchange and peer support
  - Lowered self-esteem, decreased motivation

School entry: What happens when a child is not ready?

- Children who do not manage the transition into elementary school smoothly have more problems:

- Lower expectations of parents and teachers
- Later emotional, academic, and social development problems
- School dropout and repeat adolescent pregnancies
- Disruptive, delinquent, and antisocial behavior

Helping Young Children to be 'Ready for School'

- Knowledge - Awareness of risk factors for problems at the time of school entry
- Early detection
- Intervention (Policy and Service)

Risk Factors for Problems at School Entry: State of the Science
(Huffman, Mehlinger, and Kerivan (2000)

- Scientific literature review
  - Published in English between 1984-1998; Age (0 - 17 years)
- General conclusions
  - Few large studies have investigated both the physical and mental health factors associated with school readiness and early school failure
  - Review results: >30 identified risk factors, at individual, family and peer, neighborhood and community, and sociocultural levels

Risk Factors: Conclusions of Literature Review

- Individual Level
  - Low birth weight and neuro-developmental delay (including low IQ)
  - Other medical problems
  - Early behavior problems (aggression, hyperactivity)
  - Early peer relationship problems
  - Early parent relationship problems (insecure attachment)
  - Maltreatment

Risk Factors: Conclusions of Literature Review

- Family Level
  - Family immigrant and/or minority status
  - Parental history of mental health problems (including substance abuse)
  - Problematic maternal relationship history

Risk Factors: Conclusions of Literature Review

- Sociocultural Level
  - SES
    - Low income
    - Food and resource insufficiency
    - Low level of parental education
  - Inadequacies of school classroom context
    - Large class sizes
    - Inexperienced educators
    - Limited parent-teacher contact

Early Detection of Childhood Mental Health Problems

- High prevalence of psychosocial and behavioral problems in children (10-15%)
- Some groups at particularly high risk (>20%)
- Vast majority undiagnosed
- Many barriers to early detection exist

Barriers to Early Detection of Childhood Mental Health Problems in Primary Care

- Brevity of pediatrician-family interactions
- Insufficient pediatrician training for identifying behavioral problems
- Infrequent use of practical screening tools
- Under-referral of mental health problems
  - Parent reluctance to discuss behavioral/emotional concerns
  - Limited perception of mental health service need on part of parent
  - Few links to community resources
  - Limited insurance coverage for mental health subspecialty care

Approaches to early detection: Systematic use of appropriate screening tools

- Mental Health Screening Tool for Children 0-5
- Pediatric Symptom Checklist (Jellinek & Murphy, 1986)
  - One page (35 questions); 5 min. for parents to complete
  - Answer: “Never”, “Sometimes”, or “Often”
  - Simple scoring; Score range 0 - 70
  - Validated in 4-16 year olds in several populations and SES groups

- Huffman, L.C. and Nichols, M. (in press). Mental health assessment in a pediatric setting. In R. DelCarmen-Wiggins and A. Carter (Eds.), Handbook

of Infant and Toddler Mental Health Assessment. Cambridge: Oxford University Press.

Implications for Service and Policy: EDUCATION

- Increase understanding of how mental health problems put children at risk for problems at school entry
  - Primary health care providers
  - Child care providers
  - Teachers (preschool, elementary, HeadStart, and Early HeadStart)
  - Child welfare caseworkers

Implications for Service: IDENTIFICATION

- Implement use of screening tools within primary health care clinics and classrooms for ascertaining early behavior and mental health problems

Implications for Policy: INTERVENTION

- Integration of health care and educational systems
  - To the end of improving service delivery, increase flow of knowledge and coordination among agencies involved in
    - child health
    - early childhood care and education
    - family support and child welfare
    - child nutrition
    - socioeconomic status

    NOTE: Determine how well the mechanisms for knowledge dissemination and agency coordination are working

Implications for Policy: INTERVENTION

- Fully implement and bring to scale existing programs
    - In 1997, 48% of Medicaid-enrolled children received no Early Periodic Diagnosis, Screening and Treatment (EPSDT) services
- Understand that new policies can place additional responsibilities on fragile systems
    - TANF provided temporary cash benefits while requiring parent to find work -- increased demands on early childhood care system
        - HeadStart and Early HeadStart needed expansion to accommodate demand created by TANF welfare-to-work requirements

Implications for Service: INTERVENTION

- Expand Public Service Campaigns
  - Parent reluctance to discuss behavioral/emotional concerns (stigma)

  - Limited perception of mental health service need for young children ('grow out of it'; cross-cultural differences)
- Tackle program and insurance funding issues
  - Budgets are balanced by decreasing 'optional' MH services
  - Limited insurance coverage for mental health subspecialty care

Implications for Service: INTERVENTION

- Support training programs for child mental health sub specialists (e.g., behavioral-developmental pediatrics)
  - Few links to community resources
  - Inadequate community resources

Sherrie Segovia, MA, Social Services Coordinator, The Hope Street Family Center, California Hospital Medical Center, Los Angeles, Practitioner

- Typical Families
  - Low income
  - Recent immigrants from Mexico and Central America
- Ecological Approach
  - Family focused
  - Relationship and home based
  - Utilizing non traditional mental health interventions
- Family Case Study
  - Garcia Lopez Family
    - Poor access to health care
    - Father had a general skin rash from chemical exposure at work
    - Mother was experiencing clinical depression
    - Two year was recovering from salmonella
    - Infant had a rash
    - Limited social support system
      - Report was initiated by neighbors
    - Lack of early childhood education
    - Unsafe neighborhood
    - Unsafe, crowded housing
    - No play space inside
    - Domestic violence in the home
      - Verbal and physical abuse
    - Substance Abuse
      - Alcohol
      - Cocaine
    - Strengths
      - Strong values and Strong desire to make things

better for the children
- Strong survival skills
- Strong sense of spirituality
- Strong work ethic
- Strong sense of family values

- Programs must address these issues comprehensively
  - Home based outreach
  - Establishing trusting relationship
  - Connecting to health care facilities
  - Provide housing advocacy
  - Employment assistance
  - Advocate family literacy
  - Prescribed group socialization
  - Connecting to financial support systems
  - Make referrals to childcare subsidies
  - Connecting to secular organizations
  - Access to traditional mental health services (assessment, crisis treatment, therapy and medication if needed)

Gil Chavez, M.D., State Maternal and Child Health (MCH) Director, Department of Health Services

- Mental Health
  - Mental health is indispensable to:
    - Personal well-being
    - Family and interpersonal relationships
    - Contributions to family and society
  - Mental health is the springboard of:
    - Thinking and communication skills
    - Learning
    - Emotional growth
    - Resilience and self-esteem
  - Successful performance in school and life rests on a foundation of mental health.

- Children and Mental Health
  - Childhood is a period of transition and reorganization.
  - The cognitive, social, and emotional development of infants is stimulated by the enthusiasm and joy of their caregivers.
  - Emotional health plays a critical role in school readiness.
  - Mental health problems are very prevalent during childhood.
  - Some populations subgroups are at greater risk.

- Most Significant Mental Health Issues Impeding Children's Readiness for School
    - Maternal Depression.
    - Lack of early identification and treatment of mental health problems.
    - Insufficient number of providers trained in perinatal and pediatric mental health.

- Maternal Depression
    - One in two women experience some minor depression after delivery (post-partum blues).
    - One in ten women of all ages and one in five teen moms experience major post-partum depression.
    - Major post-partum depression develops anywhere from 24 hours to one year after delivery.

- Maternal Depression and Infant Health
    - Children's brains are more readily impacted by maternal confusion, sadness, fear, and anxiety.
    - Sight, touch, and sounds in the infant-caregiver interaction are critical to brain development.
    - The effects of early intervention are remarkable.
    - Brain activity in children of depressed mothers mimics the changes seen in clinically depressed adults.
    - Inadequate use of prevention practices.

- Depressed Mothers:
    - Spend less time looking at, talking to, and touching their babies.
    - Express more negative faces and are less aware and less sensitive to the emotional cues of their infants.
    - Are less able to attend to their children's needs.
    - Contribute to changes in the psychosocial functioning of their children.
    - Have children who tend to perform below average on measures of cognitive-linguistic functioning

- Current Mental Health Services in DHS Programs
    - Wide array of public health and clinical services to pregnant women and pre-school age children.
    - Prevention, screening, and treatment of mental health disorders are not routinely incorporated into all programs.

- Several programs have psychosocial assessments including the Comprehensive Perinatal Services Program, the Black Infant Health Program, CHDP, and others.
- Referral to accessible culturally-competent counseling and treatment services is problematic.

- Comprehensive Perinatal Services Program (CPSP)
  - Psychosocial initial assessment and Care Plan.
  - Psychosocial reassessment every trimester.
  - Postpartum assessment and care plan for
  - Parenting
  - Postpartum depression
  - Relationships and social support.

- CPSP – Gaps in Addressing Maternal Depression
  - Psychosocial assessments carried out by different types of professionals.
  - Assessments not carried out by a licensed mental health professionals.
  - Medi-Cal reimbursement rates for support services are very low and time-limited.
  - CPSP providers rely largely on referrals to community resources for follow up and treatment.
  - There is no feedback mechanism to the CPSP providers.
  - Post-partum follow-ups are limited by Medi-Cal allowable fees.
  - Dealing with Gaps in Addressing Maternal Depression
  - Develop standardized culturally sensitive assessment tools.
  - Disseminate assessment tools statewide.
  - Include maternal psychosocial assessments on all pre and postnatal care and pediatric care settings.
  - Strengthen referrals to community resources for follow up and treatment.
  - Provide feedback mechanism.
  - Build upon the federal Healthy Start Program's effort to include post-partum depression screening and referral in programs dealing with pregnant and parenting women.

- Gaps in Early Identification and Treatment of Mental Health Problems
  - Lack of provider and public knowledge and skills.
  - Lack of provider time.
  - Lack of referral resources for non-severe conditions.

- Lack of access to effective and culturally sensitive mental health treatment services.
- Insufficient number of mental health providers trained in pediatric mental health.

- Dealing with Gaps in Early Identification and Treatment
  - Culturally appropriate mental health assessment tools.
  - Outreach to service professionals on the uses of the assessment tool.
  - Support ongoing psychosocial assessments at key developmental intervals.
  - Develop and evaluate training curriculums.
  - Training of clinicians, trainers, and parents using "best practice" models.
  - Increase efforts to collaborate with existing services and identify referral networks.
  - Promotion of mental health as an integral part of child development and de-stigmatizing mental health problems.
  - Identify best practices in the prevention and treatment on mental health problems.
  - Promote optimal mental health for children by incorporating mental health into pediatric practice.
  - Provide training opportunities for mental health professionals in pediatric mental health.
  - Promote mental health service coordination between clinical and public health services using a more comprehensive one-stop shopping approach.

- Summary
  - Mental health should be an essential component of any effort to improve the school readiness for children
  - Maternal depression, late identification and treatment of mental health problems, and lack of mental health providers are significant issues.
  - DHS has access to high-risk populations who could greatly benefit from any investment in children's mental health.
  - There are a variety of gaps in services and programs addressing the mental health needs of children.
  - There are excellent opportunities for Proposition 10 to build upon existing community resources.

Penny Knapp, M.D., Project Director, Infant, Preschool and Family Mental Health Initiative.

CALIFORNIA INFANT, PRESCHOOL & FAMILY MENTAL HEALTH INITIATIVE

SUMMARY AND HIGHLIGHTS OF CURRENT IPFMHI
Project Report period: July 1, 2001 to March 31, 2002
Contract term: July 2001 – June 2003 $ 3.6 Million

Current Project:
CCFC funded $3.6 M to DMH for two years.
Through RFA process, 8 counties selected:
HUMBOLDT, RIVERSIDE, STANISLAUS, SAN FRANCISCO, ALAMEDA, FRESNO, LOS ANGELES and SACRAMENTO

The foci of the Infant Preschool Family Mental Health Initiative (IPFMHI) are to:

- increase mental health services to children 0-5 in the contexts of their families,
- increase the capacity to deliver those services, in concert with other agencies and programs that work with very young children.

This is consistent with the objectives of CCFC: enhancing school readiness and maximizing developmental potential.

RATIONALE FOR EARLY MENTAL HEALTH INTERVENTION

Emotional or behavioral symptoms may severely impact the school readiness of a child, even if the child is well nourished and intelligent. Very young children with behavioral, emotional, and attachment difficulties are observed in multiple settings, such as childcare, Early Head Start, and healthcare with, mental health to assist caregivers or other providers in caring for the child.

There is a relative lack of mental health professionals trained to intervene with very young children and their families.

GAPS in Service

- Current services focus on school aged/adolescent children.
- Medical necessity criteria for inclusion are delineated by (DSM-IV)

DSM-IV underemphasizes disorders in children, especially preschool children.

Funding distribution for IPFMHI dollars:
$800,000 for new clinical services (22% of funding):
$50 K per county per year direct funding from DMH,
- based upon counties' work plans and deliverables submitted by the counties each year.
- this funding is for direct service (Goal 1) in county children's systems of care.
$2.8 million (78% of funding) for Goals 2-5 and for outcomes.
Counties developed plans for use of in-kind funds for goals 3-5.
These funds are used for DMH to contract with West Ed Center for Prevention and Early Intervention to execute these goals.

Goals of the IPFMHI

Six goals for the project were developed with CCFC. They are:

SERVICE 1.
To develop NEW MENTAL HEALTH SERVICES for children 0-5 and their families, consistent with Systems of Care practices and philosophy. The services emphasize supporting the relationship between the parent and the child. Counties each receive $100 K over the contract period for this component.

- intensive and extended service to a core group of children (at least 100)
- screening and expanded regular service to a larger number of children (at least 400 children),
- augmented service (estimated 3000 children) as mental health resources expand. Examples: mental health consultation to Regional Centers, Early Head Start, dependency courts, and early childhood education.

- Outreach strategies:
  linking child care programs to mental health services,
  linking young children in health clinics to mental health consultation
  mental health consultation to Early Head Start and CalWORKS programs.

SERVICE 2
1. To develop NECESSARY INFRASTRUCTURE for carrying out these goals. This includes removing a major system barrier by defining expansion of clinical services in a manner appropriate for infants and pre-school children, establishing billing criteria, and expanding diagnostic descriptions, consistent with medical necessity. To expand diagnostic descriptions, the Diagnostic Classification for Children 0-3 (DC 0-3) will be adapted, and a crosswalk between this classification system and the DSM-IV will be adopted to permit billing under medical necessity criteria.

OTHER GOALS

GOAL 3 - EDUCATION AND TRAINING
- about services for children under 5 and their families
- For mental health providers and others who work with young children

GOAL 4 - TRAINING MENTAL HEALTH PROVIDERS

GOAL 5 - INTERAGENCY COLLABORATION for departments, early childhood education, and community programs that serve very young children. This fulfils an important principle of CCFC projects – to build upon existing resources to expand services for children 0-5.

GOAL 6 - EVALUATION throughout the project to demonstrate outcomes for the previous 5 goals.

ACCOMPLISHMENTS TO DATE
(9 month period)

Goal 1 New Mental Health Services:
Expand and pilot integrated services to the 0-5 population in 8 counties. County resource maps and directories – to ID resources, needs, and gaps in service.

· Agency Survey of Mental Health Services for Children 0-5 and their families).
· Eight county specific surveys were conducted. Counties identified existing clinical data collection systems and forms.
· Provider profile and training feedback measures were developed.
· Comparison of unduplicated DMH client counts for services to children 0-5 for FY 2000/2001 will be used as a baseline for evaluating increase in services.

Clinical data collection commenced in March 2002 for a Clinical Services Study. This is a systematic examination of outcomes for children and families receiving an intensive relationship-based intervention.

Goal 2 Infrastructure for services:
Adapt DC 0-3 for use in CSOC and identify effective methods and measures for screening, assessment, service coordination and delivery, including funding resources and billing mechanisms.

Goal 3 Develop community education, technical assistance and consultation

1. Ascertaining need:
   Community Service Provider Survey (baseline and outcome tool)

2. Training and technical assistance initiated in counties 7/01 to 3/02:
   Roster of Contracts/Consultants: 15.
   15 trainings through 3/02, 1083 participants
   38 trainings scheduled; 65 trainings planned

3. Providing educational resources

Goal 4
Leveraging training capacity
Training professionals from the centers of expertise within the Initiative –through training contracts with counties not participating in the Initiative.
Link centers of excellence in counties with the providers of mental health services in their own county and in other counties in the Initiative.
Training Seminars
Cross-county training
Development of Infant Interventionist curriculum

Goal 5
Provide interagency and interdisciplinary collaboration
Five counties have county Proposition 10 funding for mental health initiatives: Alameda, Humboldt, Los Angeles, Riverside, and Sacramento.
Working affiliations established within Counties:
Dissemination/information sharing (approx total materials – 2000)
16 Counties, 135 total requests including other agencies, IDA< CMHACY, DDS/Early Start, CDE/Child Development, DSS/CalWORKS, Zero-to-Three, Statewide Conference for Prop 10.
Interagency meetings and IPFMHI presentations: 17 interagency meetings, at 7 of which IPFMHI presented.

Goal 6 Evaluate outcomes
Link CLINICAL SERVICE to:
- change in service systems,
- community and professional education,
- to interagency collaboration

To do this, IPFMHI has developed evaluation tools for each goal.
IPFMHI uses standardized and validated clinical instruments when possible.
This is an expansion of continuous quality improvement specific to services for children 0-5 and their families.

Uniform reporting documents have been developed to allow clinical evaluation across diverse counties to be comparable.
- Allows comparison of outcomes for children receiving intensive home-based interventions and those receiving usual clinic-based interventions or community referrals.
Linking client outcome data to process data, providing specific results for policy development.

EVALUATION PROCEDURES
The integration of prevention and early intervention into a program at a State level has not been reported.
The IPFMHI will make a significant contribution to public mental health services for children by:
- demonstrating the feasibility and efficacy of infant and preschool mental health services,
- demonstrating the practicability of training mental health staff to identify and treat the mental health needs of a population heretofore excluded from service.

Goals of the IPFMHI and domain questions for evaluation
Goal 1 Evaluate new service
Domains: Child mental disorder, child's development, parent-child relationship, family resources, stress, & support, family satisfaction, new access to services.
Goal 2 Sustainability of service
Can the new services be described? Billed for?
Goal 3 Training, education, dissemination
Outcomes on training activities, conferences. Tracking distribution of materials
Goal 4 Training new clinicians/building capacity
Develop supervision, credentialing
Goal 5 Interagency collaboration
What level and extent of collaboration was there at the beginning of the IPFMHI, and how did it change?

The Clinical Services Study (CSS)
The change in the child and his family will be evaluated using Clinical Service Study (CSS) measures, by comparing children who received the intensive relationship-based intervention with those who received usual mental health services.

The Clinical Services Study (CSS) design nests treatment and outcome variables of intensive and extended intervention for approximately 50 children into a data set of intake and outcome data for approximately 400 children.

In the Clinical Services Study, instruments and interventions are offered in English and Spanish. Other services are offered in any language to the extent possible.

The child-parent relationship is a vitally important element of the IPFMHI intervention. Three items on the tracking tool seek to capture this: Attunement, Affect/feelings of the child and Affect/feelings of the caregiver.
Because the provider's perception is regarded as a valuable part of our information, not just the data the provider gathers, there is a final item, asking the provider to estimate progress at the time of the visit.
IPFMHI evaluation encompasses five child/parent domains of the Service outcomes (presence of a mental health disorder, child's development, parent child relationship, family stress/strengths/resources, and family satisfaction), an intervention domain, a provider evaluation domain and a collaborator domain.

IMPLICATIONS FOR SCHOOL READINESS
Emotional and behavioral support for high-risk mothers
(high risk includes: poverty, acute stress, chronic stress, mental disorders, mental disorders, developmental delay, teen mothers, recent immigrants)

Community education and informing professionals/paraprofessionals
Local accessibility for families
Incorporation of child care providers

Training providers in early intervention (to increase efficacy and reduce provider burnout).

The Initiative will outreach to the CCFC-funded School Readiness Initiative programs and serve the families from those programs in participating counties. There is overlap between Initiative targeted populations and school readiness targeted populations in communities with poverty, poorly performing schools and mixed ethnicity.

FUTURE GOALS
Early intervention and mental health services for children 0-5 and their families become business-as-usual in all California Counties.

The plan to link professional centers of excellence with community providers, prop. 10 School Readiness centers and programs, and case managers in an ongoing training affiliation will allow developing new professional capacity for infant and preschool intervention. This will ensure sustainability of skills and promote further training activities.

Web-based referral and information source, and eventually a Web-based clinical tool, employing de-identifying and confidentiality protection, to streamline delivery of services to children and families from multiple agencies.

The IPFMHI plans to seek Foundation and Federal funding for future research, as well as support from California agencies and the CCFC.

Expansion of the Infant-Preschool-Family Mental Health Pilot Projects
Home Visitation Initiative

State Commission provides matching funds to county commissions to expand existing home visiting programs or create new programs -- could be limited to high-risk families such as infants in foster care and teen parents, or could be universal

Mental health assessment and services is an added component of these home visitation models

A pilot county or counties could run a public health nurse home visitation model and paraprofessional home visitation model for purposes of outcome comparisons (e.g. three-way random assignment to public health nurse format, paraprofessional format, and control)

Home Visitation Technical Assistance
Funding for counties to provide mental health supervision to home visitation staff, ideally in the form of regular case review sessions

Developing the competencies and capacity of home visitors through focused training on mental health issues and "warm line" access.

Specific approaches to depressed mothers Interventions prenatally, during infant years, and for mothers of preschool children.

Links to prenatal clinics, well-child clinics, child care programs.

Discussion:

Chairman Reiner spoke on the importance of attachment and how this touches all aspects of development. Chairman Reiner emphasized that this is a key determinant of the success of Proposition 10 and the need to focus early (e.g., prenatally).

Commissioner Vismara shared some of his experiences from when he served on the staff of the Joint Committee on Mental Health Reform. Commissioner Vismara recalled an incredible increase in services, identified a lack of funding in this area, and recalled the stigma that surrounds this issue (even among health care providers). Commissioner Vismara stressed that the Commission consider cost factors. Commissioner Vismara also noted that there is a need to involve law enforcement as allies in the investment of resources in the field of early childhood development.

Commissioner Belshé asked what the Commission should do with its limited resources to make a substantial difference in this field. The panel informed the Commission that the role of the Commission as a catalyst and educator is one of utmost importance (with a focus on being proactive and on prevention). Specifically, the Commission could speak forcefully about the need for early childhood curriculum to include and address social and emotional issues, and not solely focus on cognitive matters.

Commissioner Gutierrez asked the panel how the 41 sites that were funded for school readiness were dealing with the issues of mental health. The panel informed the Commission that many are working with behavioral psychologists and behavioral assessments. Commissioner Gutierrez suggested that the Hope Street as a model since it addresses the issue.

A discussion followed on the topic of stigma that was not included on the record due to a brief power failure.

Commissioner Hill-Scott asked the panel if it is possible that the Commission could be more systematic in affecting change at the micro level. Commissioner Hill-Scott also asked if any of the programs discussed in the presentation address family planning. Ms. Segovia shared that her program, which is hospital based, does make referrals to family planning services. Through supporting the attachment to the first child there appears to be a wider spacing between subsequent children, suggesting the possibility of a smaller final family size.

Public Comment:

Wendy Roland, Executive Director, Humboldt County CFC, expressed her appreciation for the Infant-family-Preschool Mental Health initiative funded by CCFC. Ms. Roland identified methamphetamine and alcohol as being significant problems in Humboldt County as well as postpartum depression.

Karen Blinstrub, Santa Clara County CFC, stated that Santa Clara County has a behaviorist going into the preschools to train the childcare providers to identify early behavioral and developmental issues. Ms. Blinstrub suggested that the

Commission work on integrating mental health initiative into existing programs (e.g., School Readiness). EPSTD utilization would be one step toward this end.

Carolyn Wylie, Executive Director Riverside County CFC, stated that Riverside County is working on developing a system of care that crosses traditional boundaries and that focuses on the family and all of the caregivers that keep the child healthy. Ms. Wylie also spoke to integrating mental services into School Readiness.

Shannon Whaley, Public Health Foundation, stated that WIC appears to be the bridge between the birth hospital and the school. WIC serves low-income families. WIC was recently involved in a study with UCLA in which an epidemiological survey of depression was conducted. The survey found that 36% of English speaking mothers and 45% of Spanish speaking mothers are in the clinical significant range for depression. WIC is not a mental health program. There is not the same stigma around WIC that surrounds other mental health programs. Dr. Whaley suggested that the Commission consider wrapping services around WIC.

Linda Neuhauser, UC Berkeley, School of Public Health, commented that infant mental health is created within an ecological setting. Most of the programs that are being implemented are outside of the home setting. Perhaps more resources could be made available to those people who are already in the home. Dr. Neuhauser recommended adding more to the Kit for New Parents.

Sal Castillo, Executive Director, Monterey County CFC, stated that mental health is more than treatment of mental pathology, it is about supporting mental wellness. Fatherhood has been dismissed in our recent cultural development and should be made a focal point of future discussion.

Jane Henderson presented a summary of the discussion and recommended approaches. One area of development has to do with services and systems, and creating linkages between systems. Another has to do with education of multiple providers and the education of parents, stakeholders and the legislature. Another has to do with the development of systems that support early identification and referrals. CCFC is funding the Infant Preschool Family Mental Health Initiative. Dr. Henderson asked for guidance in next steps.

Chairman Reiner stated that which ever way the Commission proceeds with this that it be folded into the School Readiness Initiative.

Commissioner Belshé echoed Chairman Reiner's comments.

Commissioner Vismara recognized that there is a lot of overlap with what is being discussed here and with the issues surround children with disabilities and other special needs.

Commissioner Vismara suggested a high profile gathering of leaders in this area.

Commissioner Gutierrez noted that the Commission has excellent media platforms through which it can change the stigma that surrounds mental health.

Agenda Item 8 – Funding Approval for Technical Assistance Contract

This item was postponed.

Agenda Item 9 – Legislative Items

Patti Huston presented this agenda item. AB 2800 adds language that states that the funds in the first four State Commission's accounts can be used for the purpose of ensuring that children are ready to enter school. The second amendment to that bill is to seek the explicit authority to allocate funds to county commissions.

Discussion:

Commissioner Belshé asked why this was necessary. Ms. Huston stated that the Commission is already doing these things with the "implied" authority provided in Proposition 10. This bill would simply provide the explicit authority.

Commissioner Hill-Scott stated that school readiness is a mission, it is not a fund category, so why do we need language that states that we can spend money on our mission. Staff informed the Commission that this language simply makes explicit what was implicit. Commissioner Hill-Scott asked if this would change the allocation formula as a result of these amendments. It was made clear that the allocation formula would not change as a result of the amendments

Action by the Commission: The motion to adopt a position of support passed unanimously.

- AB 2811 (Migden) -- Existing law, which will become inoperative on June 30, 2002, and will be repealed on January 1, 2003, establishes the Child Development Teacher and Supervisor Grant Program, which is administered by the Student Aid Commission. Under the program, qualified students attending California public or private 2-year or 4-year postsecondary educational institutions who intend to teach or supervise in the field of child care and development in a licensed children's center may receive grants of up to $2,000 for each academic year. This bill would delete the provision that renders the program inoperative as of June 30,

2002, and repeals the program as of January 1, 2003, thereby extending the program indefinitely. This bill contains other related provisions.

Action by the Commission: The motion to adopt a position of support passed unanimously.

- AB 2857 (Chan) – Existing law, the Healthy Start Support Services for Children Act (the act), requires the Superintendent of Public Instruction to award grants to local educational agencies or consortia to fund programs in qualifying schools that provide designated support services to eligible pupils and their families. The act authorizes the issuance of both planning grants and 5-year operational grants to local educational agencies or consortia that provide support services, as defined, to pupils and their families. The act also authorizes the issuance of county or regional planning and coordinating grants to a specified number of local and coordinating efforts among school districts, county offices of education, county governments, community organizations, and nonprofit organizations, as specified. This bill would authorize a school district, county office of education, or consortium that received a planning grant, but is unable to apply for an implementation grant in the 2002-03 fiscal year due to the state budget constraints, to apply for an additional planning grant if funds become available after July 1, 2003.

Discussion:

Commissioner Belshé stressed the point that this is a budget issue rather than a policy issue. Jane Henderson noted that there is language change in the bill that allows local sites to apply for additional planning grant money should it be available, which is a policy change. Commissioner Belshé stated that the Commission needs to develop a strategy to deal with budget issues.

Commissioner Garcia cautioned the Commission to not support something that is directed at one thing when there are many items in a tight budget year that require funding as well, i.e., there needs to be a comprehensive approach taken with respect to adopting these positions.

Wendy Roland, Humboldt County CFC, spoke in support of this bill.

Action by the Commission: The motion to adopt a position of support passed with one abstention.

- SB 1661 (Kuehl) – Existing law provides for the payment of disability compensation for the wage loss sustained by an individual unemployed because of sickness or injury, and finances that compensation by means of

employee contributions to the Disability Fund. This bill instead would provide up to 12 weeks of paid leave for any individual who is unable to work due to the employee's own sickness or injury, the sickness or injury of a family member, or the birth, adoption, or foster care placement of a new child. This includes parental leave for the purpose of bonding with a new baby. The cost is minimal and would be shared 50/50 by employees and employers.

Action by the Commission: The motion to adopt a position of support passed unanimously.

- SB 1701 (Peace) – Tobacco Tax Stamps. The Cigarette and Tobacco Products Tax Law requires that an appropriate stamp be affixed to, or that an appropriate meter impression be made upon, each package of cigarettes prior to distribution. This bill would, on or before January 1, 200, require the State Board of Equalization to replace the stamps and meter impressions, currently required to be affixed to tobacco products, with a 2-D bar code stamp that can be read with existing scanning devices.

Action by the Commission: The motion to adopt a position of support passed unanimously.

- AB 1768 (Wayne) -- This bill reduces the discount allowed to distributors for the cost of stamps purchased and affixed to cigarettes. Specifically, this bill would make the current 0.85% discount rate for affixing the tobacco tax stamps only apply to the first $0.10 (cents) of the tax.

Action by the Commission: The motion to adopt a position of support passed unanimously.

- SB 1890 (Ortiz) – Existing law establishes various programs for the prevention of disease and the promotion of health, including programs for the reduction of risks associated with behaviors, and the use of specific products, including tobacco. This bill, the Tobacco Use Reduction and Compensation Act of 2002, would create the Tobacco Use Reduction and Compensation Fund, into which would be deposited the proceeds of surtaxes imposed, at a specified rate, on the sale and distribution of cigarettes and tobacco products, as defined. This bill would require moneys in the fund to be appropriated afrom the fund for specified purposes including tobacco use prevention and control, education and research, disease prevention, the provision of medical and preventative health services for low-income and uninsured individuals, and the expansion of medical insurance coverage for the uninsured. This bill contains other related provisions and other existing laws.

Discussion:

Commissioners and staff discussed the need to request that the bill be amended to hold Proposition 10 harmless for any reduction in revenues to Proposition 99 programs.

Action by the Commission: The motion to adopt a position of support, if amended passed unanimously.

Agenda Item 10 – Child Care Health Linkages Project (CCHLP)

This request is for $7.1 million for a 24- month continuation of Child Care Health Linkages Project (CCHLP), which is a state-wide project that establishes child care health consultation services and linkages between the child care and health communities to improve the health and safety for children, ages 0 – 5 years old, attending out-of-home child care facilities, including child care centers, family child care homes and informal child care settings. This continuation proposal is for $3.5 million in FY 2002/03 and $3.6 million in FY 2003/04. These funds will be used to continue the activities of the 21 county-wide child care health consultation services, provide technical assistance to the counties' health consultants and local agency administrators, train child care health consultants, develop a new training curriculum for Family Health Coordinators (FHC), provide training for FHCs, establish new linkages with other CCFC-funded and related projects, plan for the sustainability of the project, and provide descriptive and outcome data to evaluate the project over the next 2 years. Evaluation will describe the development of these new projects; summarize activities of child care health consultants (county or regional role) and family health coordinators (child care center-based); and describe changes in children's health status and child care center compliance with health and safety standards in five counties.

Discussion:

Chairman Reiner asked how this project would be tied to the School Readiness Initiative. It was identified that the Child Care Health Linkages staff and resources (at both the state and local levels) would be available to work with School Readiness sites in a number of ways (e.g., training, resources/information, referrals, health and safety checks, etc.).

Commissioner Belshé asked what is the relationship of the project with health insurance and health insurance enrollment. It was stated that the issues of health insurance coverage and medical homes were important part of the project and that the project evaluation will be assessing change (improvements) in this area. It was further shared that the project is exploring the possibility of having some of the local center staff trained as Certified Application Assistants.

Commissioner Vismara asked what the difference is between a family health coordinator and a child care health consultant. The child care health consultant would be most likely a nurse. The family health coordinators are more typically child care teachers.

Commissioner Vismara asked who was doing the outcomes and evaluation component. A research team from the UCSF School of Nursing is performing the independent evaluation.

Public Comment:

Wendy Roland, Humboldt County CFC, stated that the Health Linkages Project was difficult to get started in Humboldt County because of subcontracting problems, but work was actually begun before approval. Humboldt County has match money for this project and feels this is a very worthy project.

Commissioner Vismara asked how diversity is addressed in the program services and evaluation.

Commissioner Gutierrez requested more specific goals and objectives with respect to the work plan and evaluation.

Action by the Commission: The motion to approve passed unanimously.

Agenda Item 11 – Childhood Asthma Initiative

This request is for $6,400,000 to contract with the California Department of Health Services (CDHS) to continue the Childhood Asthma Initiative for an additional two years (July 1, 2002 through June 30, 2004). These funds will continue to enhance community asthma partnerships, asthma management services to children ages birth to 5 years, health care provider education, clinical quality improvement, community and statewide program evaluation, and dissemination of asthma management best practices, with the result being improved school readiness and learning ability and health outcomes in enrolled children. This extension will allow adequate time for the completion of the program evaluation to demonstrate the extent to which this intervention achieved its project's goals: increasing the use of National Institutes of Health Guidelines for the management of asthma in children by health care providers, improving the environment for children at home and in childcare, and decreasing hospitalizations.

Discussion:

Chairman Reiner asked how this links to the school readiness initiative. Services will be provided on school readiness sites among other sites. There will be training opportunities for personnel at school readiness sites in addition to referrals, resources, etc.

Commissioner Belshé noted that this item predates the school readiness initiative.

Commissioner Vismara suggested funding this project for one year instead of two years because of SB 1890. Commissioner Belshé stated that it is fair to expect that the tax initiative would not be approved in an election year and what the Commission would be doing is sending a signal creating continued uncertainty about the support of this program. Commissioner Belshé reaffirmed her position of support for two years of funding.

Public Comment:

Karen Blinstrub, Executive Director of Santa Clara County, stated that Santa Clara County has a three tiered insurance program including Healthy Kids which insures formerly uninsurable kids. The number one diagnosis in the program has been asthma. The number one medication is for asthma. The same is true for Healthy Families.

Bruce Conklin, County Supervisor, Nevada County, spoke in support of this project. A recent study demonstrated that new cases of asthma occurred in the high ozone areas of California during exercise. Mr. Konklin urged the Commission to expand into asthma prevention. Grass Valley has the highest ozone readings in the state yet it did not qualify for funding.

Action by the Commission: The motion to approve passed unanimously.

Agenda Item 12 – School Readiness Component of the Legislature's Master Plan for Education

Commissioner Hill-Scott presented this discussion item. The Commissioner's presentation follows.

"We know that by the end of third grade, when most children are eight, they tend to be locked into achievement trajectories that determine their future academic success. It simply makes no sense to ignore five of those precious eight years."

Building Knowledge for a Nation of Learners
U.S. Department of Education, 1997

School Readiness Working Group
The working group's findings included:

- All recommendations are to support parents and families as they raise their children.

- California's fragmented early education system must be reorganized and upgraded to provide high-quality early education services and supports when families want them.

- The long-term goal is to reverse the pattern of underachievement in California schools and close the achievement gap that affects many children across the state.

There are 14 specific recommendations, including:

- Improve School Readiness and Achievement
- Build a Stronger Statewide System for Early Care and Education Services
- Enhance Family and Community Support for Education

Improve School Readiness and Achievement

- For Infants and Toddlers
- For Preschoolers
- For Kindergarteners
- For Children in Primary Grades
- For Children with Disabilities and Other Special Needs

1. For Infants and Toddlers:

School Readiness Working Group Improve School Readiness and Achievement
"*The goal should be universal access to free, high-quality prekindergarten classes, offered by a variety of providers, for all children whose parents want them to participate."*

Enact legislation to guarantee all low-income families access to subsidized, standards-based child development services.

Enact legislation that establishes accountability in the health care system for providing comprehensive and continuous health and developmental screening and assessment services for all children, beginning at birth.

2. For Preschoolers:
Enact legislation that phases in publicly funded universal preschool in a variety of settings for all three- and four-year olds whose parents choose to enroll them.

Enact legislation that requires all public elementary schools and subsidized child development programs to create individualized readiness transition plans for preschoolers entering kindergarten.

Enact legislation that requires the phasing in of dual-language learning for all young children in programs that receive public subsidies.

3. For Kindergarteners:

Enact legislation to include kindergarten in the compulsory education system.

Enact legislation to phase in full-school-day kindergarten for all California children, beginning in districts with schools with the lowest API scores.

Enact legislation that directs the California Department of Education to require and support continuity between the standards and curricula for preschool and kindergarten.

4. For Children in Primary Grades:

Enact legislation that requires all schools to implement standards-based rich learning experiences and support services in kindergarten through the primary grades to preserve and extend the gains that children have made in preschool.

Enact legislation that requires all public elementary schools to create, submit, and/or revise a "Ready Schools" plan.

5. For Children With Disabilities and Other Special Needs:

Enact legislation to establish accountability for effective placement of children with disabilities and other special needs in inclusive and appropriate early childhood education programs.

Enact legislation that mandates professional development on educating children with disabilities and other special needs for educators who work with young children in publicly funded settings.

Enact legislation that establishes and funds appropriate child-adult ratios in mainstream settings that include children with significant disabilities.

Build a Stronger Statewide System For Early Care and Education Service

- Child Outcomes and Program Standards
- Staffing and Professional Development
- Accountability
- Governance
- Facilities

6. Child Outcomes and Program Standards

Enact legislation that requires adoption of child learning and development goals from CDE's *Desired Results for Children*, for children from birth to age five, and implement an assessment system for children ages three to five that assures appropriate usage of assessment instruments for instructional improvement and children's achievement.

Enact legislation that requires individualized learning plans for all children in publicly-supported family child care homes, preschools, and kindergartens.

Enact legislation that directs the California Department of Education to develop a uniform set of program standards, including appropriate child-adult ratios and grouping practices, for all subsidized licensed and license-exempt providers.

Build a Stronger Statewide System For Early Care and Education Service

7. Staffing and Professional Development

Require the California Department of Education to establish an integrated statewide professional development system to recruit, train, and credential qualified early childhood educators.

Adopt more rigorous education requirements and certification standards.

Establish an early childhood education compensation and benefits system comparable to the compensation system in public schools.

Require 48 hours of paid professional development for all providers working in programs that receive public subsidies and who have not had formal training (including providers who are license-exempt).

8. Accountability

Require the California Department of Education to collect and utilize data for early childhood program accountability.

Data to assess the effectiveness of California's programs and their compliance with standards should be annually collected, including data such as staffing levels, turnover, staff training, numbers of children served, average attendance, and accreditation status.

To ensure that programs are effective, require collection of accountability data every three years on child outcomes for three- and four-year old children in programs that receive public subsidies.

*To provide a snapshot of program effectiveness, **aggregated** data should be collected on a **random sample** of enrolled children, and assessment instruments must be closely aligned with CDE's Desired Results for Children.*

Integrate statewide early childhood data collection with kindergarten through grade 12 data collection so that such data will be used to inform efforts to improve policy and practice.

Aggregated data should be linked with data collected on K-12 students by a single data collection entity, to ensure the appropriate use of the data to improve children's school readiness, their transitions to school, and their effectiveness in school.

9. Governance

Establish a Cabinet position with the title, Secretary of Education and Child Development, and reconfigure the California State Board of Education.

Create two divisions within the California Department of Education, the division of Early Childhood and Primary Education (ECPE), serving children birth through grade three, and the division of Elementary and Secondary Education (ESE), serving students in grades four through twelve.

Create an advisory committee for the Division of Early Childhood and Primary Education and an advisory committee for the Division of Elementary and Secondary Education.

Expand the role of the county superintendents of schools in the governance and fiscal oversight of early childhood education.

Create a County Early Childhood Development Advisory Council (CECDAC) to advise the county superintendent regarding resource allocation, infrastructure development, and program and service accountability.

10. Finance

New guaranteed per-child state allocation for all three- and four-year olds to fund universal preschool services

Enact legislation to allocate additional funds for before and after school care and flexible support services for low-income families with three- and four-year olds attending universal preschool

Enact legislation that creates a state allocation that will be increased annually to become a guarantee over time, providing all low-income newborns to three-year olds with early care and education services and flexible support services used at parents' discretion

Enact legislation that creates a state allocation for all children, from birth to kindergarten, to fund school readiness services at local School Readiness Centers

Enact legislation that consolidates under the California Department of Education child care funds that currently flow through the Departments of Education and Social Services

Enact legislation to create a Financing Task Force to calculate an appropriate per-child allocation for each of the above

11. Facilities

Enact legislation that will significantly increase the number of school facilities serving young children.

Enact legislation that provides incentives to foster facility construction and development.

Enact legislation that establishes design standards for subsidized early childhood facilities, appropriate to young children's development.

Work and Family Engagement
School Readiness Working Group Enhance Family and Community Support for Education

12. SCHOOL READINESS CENTERS:

Establish a network of neighborhood-based School Readiness Centers that gives all families access to essential services to meet children's developmental needs

13. HEALTH CARE RESOURCES:

Enact legislation to ensure that every California child has access to a "health care home", including prenatal care.

Enact legislation that funds a statewide health and development "passport" for every California child.

To increase the number of children covered, enact legislation to expand Healthy Families for children and their families with incomes up to 300 percent of poverty.

14. WORK AND FAMILY ENGAGEMENT:

Enact legislation to create a paid family leave benefit that may be based on insurance models with contributions shared among employers, employees, and public funds.

Enact legislation to provide incentives for employers to implement family-friendly policies geared to helping parents carry out their parental responsibilities.

Connections to CCFC Activities

Health and developmental Screening (Recommendation #1)

Accountability in the health care system for frequent periodic screening and follow up.

Documentation of selected standardized screenings (e.g., birth, ages one, three and five) in a Health and Development Passport, accessible through a statewide data system.

Converges with recommendations coming out of "Positive Outcomes for Children with Disabilities and Other Special Needs" and has some common elements with our Early Mental Health Initiative and a statewide immunization registry.

Connections to CCFC Activities

Children with disabilities and other special needs (Recommendation #5)

Strengthen and expand inclusive and appropriate services.
The following recommendations in particular align with "Positive Outcomes for Children with Disabilities and Other Special Needs"

Access to a multidisciplinary inclusion team, connected to a neighborhood School Readiness Center.

Professional development requirement for all subsidized providers.
Child outcome and program performance standards (Recommendation #6)

Assessment system and assessment instrument for preschoolers.
CDE is in the process of norming its instruments aligned with the learning goals of *Desired Results for Children*. California Children and Families Commission has an opportunity with the evaluation of its School Readiness Initiative to develop a micro system for assessment that can be built upon.

Uniform set of program standards for all programs that receive subsidies.
Where the California Children and Families Commission is funding slots, through its School Readiness Initiative, we can begin implementing the high quality program

standards, staffing qualifications and ratios, and other enhancements recommended in the report.

Staffing and professional development (Recommendation #7)

Compensation and benefits commensurate with training, experience, and responsibility of those working in public schools; stipends for training.
These have implications for the Matching Funds for Retention project.

Require minimum of 48 hours of training for all subsidized providers, including those who are licensed-exempt.

If we move into the arena of funding educational and support programs for informal providers, we have an opportunity to provide leadership on outreach and engagement, course content and formats, and delivery strategies.

Finance (Recommendation #10)
Create a Financing Task Force to calculate new funding formulas to fund high-quality early education services and organizational infrastructure.

Research on our School Readiness Initiative could help provide some insight on what the true costs are of providing a quality early education experience, with flex services to support families based on their needs.

School Readiness Centers (Recommendation #12)

Establish a network of neighborhood-based School Readiness Centers that gives all families access to essential services to meet children's developmental needs.

This recommendation is aligned with California Children and Families Commission's School Readiness Initiative and is also recommended in "Positive Outcomes for Children with Disabilities and Other Special Needs"

Health Care home, Health and Development Passport, and prenatal care (Recommendation #13)
Provide stable and continuous health care for children and pregnant women, develop a statewide system for issuing health and development "passports", and expand insurance coverage.

This recommendation reinforces a broad definition and the concept of comprehensive approaches to School Readiness and the coordination of elements as specified in our School Readiness Initiative. It also echoes recommendations from our Health Policy Panel.

Public Engagement
No specific recommendations were made by the working group regarding public engagement, but numerous discussions were held regarding how to engage parents, policy-makers and the public regarding early education issues.

How can an issue be framed to evoke a different way of thinking, one that illuminates alternative policy choices?

Suggests ways to help people reconsider issues by changing the way issues are framed.

It is strategic in that it identifies and tests alternative frames that could better support public policies, and enumerates their elements.

Discussion:

Jane Henderson provided the Commission with options for proceeding with this report. The following is an outline of Jane's presentation:

- Master Plan for Public Education
  - School Readiness Component
- Timelines
  - March 6 – report presented
  - Draft of entire plan: May
  - Final Report: August
  - Legislation: 2003-04
- Commission Options
  - Adopt report as submitted
  - Issue a revised report (for broader audience)
    - with policy revisions
    - without policy revisions
  - Wait for final report
- Issues and Questions
  - Implication of endorsing/adopting
  - Other aspects of report
  - Timing of Commission action
  - How report could be used
    - advocacy
    - Commission initiatives
    - County commissions
- Policy Issues
  - Immediate issues
  - Long term implications
  - Major policy considerations

Chairman Reiner asked how the report would work with the rest of the Master Plan. Staff is working with Senator Alpert.

Chairman Reiner stated that the desire is to make sure that the Commission's component of the Master Plan is something that the Commission can feel comfortable with. The Commission does not want to be in the position of putting something forward that is separate from the overall plan. Karen Hill-Scott stated that the only difference would be on the issue of an elected superintendent.

Commissioner Vismara stated that his concept of preschool readiness is about kids being kids, about developing an environment that is nurturing and that allows them to develop a lifetime of learning.

Commissioner Belshé suggested adding further discussion on the Master Plan at the next Commission meeting.

Public Comment:

Don Humphries offered thanks to the Commission for its work on this item.

Gene Lucas expressed concerns about the report. School readiness is based on appropriate cognitive development and parent education.

Brian Lindsey stated that the Kellogg Foundation is doing a nationwide initiative called SPARK (Strengthening Partnerships to Assure Ready Kids). Mr. Lindsey invited the Commission to participate in this program.

Agenda Item 13 – Small County Funding Allocation

Joe Munso presented this discussion item. This Budget Proposal requests the following funding augmentations for rural counties to ensure there is sufficient capacity and infrastructure in rural areas to achieve the goals of Proposition 10 and implementation of School Readiness Statewide.

- Continue administrative and travel augmentations
- Increase minimum allocation to the 13 smallest population counties
- Expand School Readiness statewide to all counties

Staff recommends that there is a level of investment of $200,000 for minimum and the admin and travel expanded to 31 counties. Staff recommends that this be funded for 2 years.

Discussion:

Commissioner Belshé asked why the augmentation of $6.5 M over 4 years as opposed to accounting for those additional resources in the appropriation. Staff required local commissions to look at their allocations and provide a commitment for match levels.

Public Comment:

Mary Ann Ford-Sherman, Kings County CFC, spoke in support of this item. Ms. Ford-Sherman identified the growing concern of the inability to organize and have capacity at the level of community-based organizations

Agenda Item 14 -- Media Campaign Development

Joe Munso provided a brief update on the media campaign. There are a couple of new ads for the Spring campaign involving reading, talking and playing with your kids. Further Kit marketing is being considered for development in the Fall campaign. Future ads will be tagged with the Kit for New Parents.

Agenda Item 15 – Adjournment

Action by Commission: The motion to approve was seconded and passed by vote without dissent.